

## Mental Health & Addictions Program Therapeutic Leave Acknowledgement Form

I, Jason Kranz (print patient name), acknowledge and understand that I am being granted a Therapeutic Leave (TL) from Grand River Hospital during the following period of time:

Nov 12/16 @ 10:00 to Nov 12/16 @ 1600  
Leave Date & Time Return Date & Time

as ordered and indicated by Dr D Benjamin (print attending physician name). I acknowledge and understand that my Therapeutic Leave from Grand River Hospital shall not exceed the Return Date and Time.

I acknowledge and understand that the following have been reviewed and discussed with me:

- ☒ Purpose/goals and destination of TL
- ☐ Pass medications, including prns
- ☐ Emergency contacts
- ☒ May return to the unit early if needed
- ☐ Potential for relapse (symptoms/substances) / relapse prevention plan
- ☐ Crisis/Safety Plan and support strategies
- ☒ If you have any questions/concerns or if you are going to be late returning from your pass, please contact the Inpatient Unit at 519-749-4300 ext. 2186

I hereby certify that I will not hold Grand River Hospital or any of its employees and affiliates, to be responsible for any injuries, loss, or damages resulting in acts outside the scope of the treatment plan, during the period of time of my Therapeutic Leave.

By signing this form, I acknowledge, have read, understood and agree to the above treatment plan and/or indicated conditions. I have been offered the opportunity to ask questions about the above treatment plan and/or indicated conditions and have had all my questions answered in a satisfactory manner by the staff. I have read the Therapeutic Leave Acknowledgement form and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

### Patient or Substitute Decision Maker (SDM)/Parent or Guardian

Jason W. Kranz Jason Kranz 12/11/2016<sup>th</sup>  
Patient Name Signature Date and Time

SDM/Parent/Guardian Signature Date and Time

Contact # (1) Contact # (2)

### Witness

mStork RPN [Signature] Nov 12/16  
Print Name Signature Date and Time